

## Status Review

Opid: \_\_\_\_\_

Calendar Year \_\_\_\_\_

Owner: \_\_\_\_\_

Tax Parcel No.(s)/Agreement No.(s): \_\_\_\_\_

Operator: \_\_\_\_\_

Farm No.: \_\_\_\_\_ Tract: \_\_\_\_\_

Township: \_\_\_\_\_

Circle program which initiated review:

1 FSA	2 FPP FPA	3 FPP EXAG	4 CRP	5 ACP LTA	6 NPS	7 Other

### Progress In Applying Plan

1. Plan is actively being applied? (Y/N)
2. Applied practices are properly maintained? (Y/N)
3. System is fully applied? (date)
4. Followup is needed? (Y/N)
5. Date followup is needed.

This review was completed in the (check one): \_\_\_\_\_ office \_\_\_\_\_ field

Was there a preliminary finding of not actively applying the plan? (Y/N) \_\_\_\_\_

FSA/FPP plan revision or rescheduling needed? (Y/N) \_\_\_\_\_ Date Completed \_\_\_\_\_

Notes:

Signed:

Participant

Date

Preparer/DC

Date

Participant

Date

Agency Representative

Date

This review was \_\_\_\_\_ delivered \_\_\_\_\_ mailed to the producer/landowners on (date) \_\_\_\_\_

#### Program Codes:

1. FSA - Food Security Act
2. FPP-FPA - Farmland Preservation 10-25 year agreements.
3. FPP-EXAG - Exclusive Ag Zoning
4. CRP - Conservation Reserve Program

5. ACP-LTA - Long term cost-share agreements through ASCS-ACP
6. State Nonpoint-source contracts
7. Other local programs.